



CITY OF JANEVILLE

Wisconsin's Park Place

RECREATION DIVISION

2022 ADULT CO-REC VOLLEYBALL LEAGUE REGISTRATION FORM

TEAM NAME: _____

MANAGER'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Daytime () _____ Evening () _____

(These numbers will be printed on schedule unless otherwise noted)

E-MAIL ADDRESS _____ (Please include for communication purposes)

This will be how we will communicate game changes on team sideline (www.teamsideline.com/janesville)

Schedules and notifications will be sent via email ONLY to team managers, so please use an email account you check regularly and pass on to all teammates.

Should you wish for schedules to arrive in the mail, please check here ☐.

Managers: Please refer teammates to view schedules and rules at www.teamsideline.com/janesville

[] **NEW TEAM** (Placed on a first come, first serve basis where openings are available)

_____ Underhand Serving Only _____ Overhand Serving Optional

Team Playing Experience/Level: _____

[] **RETURNING TEAM** League Last Year/2020: _____

League Desired This Year: _____

(Please complete following if sponsor/manager has changed.)

Team Name (last year/2020) _____

Manager (last year/2020) _____

ALL TEAMS: Please circle the level of play & night your team fits competitively:

Marshall MS	Marshall/Franklin MS	Marshall/Franklin MS	Marshall MS
Highly Competitive	Competitive	Competitive-Recreational	Recreational
(Monday)	(Tuesday)	(Wednesday)	(Thursday)

(Underhand Serving Only)

Fees, registration form, and roster are due at the Recreation Division Office, 18 N. Jackson Street, by **FRIDAY, DECEMBER 17TH, 2021.** Hours are Monday-Friday 7:30a.m.-4:30p.m. There is a drop box outside City Hall on Wall Street Entrance for after-hours drop-off. **RETURNING TEAMS WHO DO NOT MAKE THE DEADLINE WILL LOSE THEIR RETURNING TEAM STATUS.**

League play begins the week of January 10th at Marshall and Franklin Middle School Gyms.

Managers: If no sponsor, please collect fees from players & submit one check to the City of Janesville.

Team Fee (includes 10 players & sub fee*)..... \$195.00

*Includes a maximum of 6 one time use subs used per season-not listed on your team roster

of Extra Players (over 10) X \$10.00 = _____

No Non-Resident fees!

TOTAL TEAM FEES PAID _____

Office Use Only: Check # _____ Cash _____ Charge _____ Date Paid _____ Paid By: Sponsor _____ Manager _____

Roster on Back →

Marshall MS
Game Times:

6:25PM

7:30PM

8:35PM

Franklin MS
Game Times:

6:45PM

7:50PM

8:55PM

CITY OF JANESVILLE
18 N. JACKSON STREET
PO BOX 5005
JANESVILLE, WI 53547-5005

RECREATION DIVISION
PHONE: (608) 755-3030
www.janesvillewi.gov/recreation

ADULT CO-REC VOLLEYBALL ROSTER REGISTRATION

We, the players of _____ volleyball team, agree to play with said team during the season or until given a release by said team and same is recorded with the Janesville Recreation Division Office. We further agree to abide by the Rules and Guidelines for Adult Athletics and the Janesville Recreation Division. We further agree to return to the site supervisor, before being released or at the end of the season, all equipment issued to us.

Rosters must be fully completed when turning in with payment!

TEAM _____ LEAGUE _____ NIGHT _____

PLAYERS ARE NOT LEGAL, UNLESS WE HAVE FIRST & LAST NAME, ADDRESS, PHONE #, AND SHIRT SIZE!

Site Sup. Only		Player's Name	Street, City, Zip	Phone Number	Shirt Size*
Game 1	Game 2				
		1. (Mgr.)		Home: Work:	
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
		13.			
		14.			
		15.			

**We award t-shirts to league champions.*

As the manager of this team, I understand that I am responsible for the eligibility of the players on this team. I have completely checked the eligibility of all players and to my knowledge the players of this team are in compliance with the eligibility rules.

Manager's Signature _____